



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

A BULLETIN FOR
PROFESSIONALS

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What Is Prevention and Why Is It Important?

This bulletin is an excerpt from *Emerging Practices in the Prevention of Child Abuse and Neglect* (2003), U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. The findings and conclusions presented in this bulletin do not necessarily represent the official positions or policies of the Children's Bureau's Office on Child Abuse and Neglect.



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Introduction

Prevention of child abuse and neglect has taken on many forms since the 1960s when C. Henry Kempe identified the Battered Child Syndrome. Policy makers, legislators, professionals, and concerned citizens have struggled to find effective ways to prevent violence against children. The term “prevention” has several meanings. Prevention can be used to represent activities that promote an action or behavior. The term is also used to represent activities that stop an action or behavior. A dictionary defines prevention as “stopping or keeping from doing or happening; hindering.”

Prevention Matters

Prevention of socially undesirable and hazardous behaviors cannot only save lives, but also precious resources. While impossible to entirely eradicate certain kinds of behavior that can have tragic human consequences, including the maltreatment of children, human service professionals have been buoyed by improvements over time across numerous major indices that measure the health and well-being of individuals and families. Public education campaigns that increase awareness by delivering steady messages can alter behavior, saving lives and critical resources in the process. The following illustrate a few of the significant recent trends in health-related measures of well-being:

- Alcohol-related traffic deaths have dropped substantially from the early 1980s to 2001, attributable, in part, to national campaigns to elevate public awareness and change

behavior such as the “Designated Driver” campaign. Traffic fatalities in alcohol-related accidents declined 13 percent from 20,159 fatalities reported in 1991 (49 percent of total traffic fatalities for the year) to 17,448 reported in 2001 (41 percent of total fatalities); total fatalities per year are down approximately 30 percent since 1982 (National Highway Traffic Safety Administration, 2002). Though fatalities increased slightly from 2000 to 2001, the 20-year trend represents a tremendous savings in prevented injury and avoided loss of life.

- There has been a dramatic reduction in the AIDS incidence among adult, adolescent and mother-to-child, or perinatal, HIV transmission rates. Between 1992 and 1997, perinatally acquired AIDS cases declined 66 percent in the United States. The U.S. Centers for Disease Control and Prevention (CDC) recently estimated a net savings of \$38 million in preventing 656 new HIV infections, based on medical care costs alone. Though these figures are encouraging, new adult cases have begun to move upward again among specific subpopulations, a reminder that trends are influenced by factors that can change in the short term (U.S. Centers for Disease Control and Prevention, 1999a).
- Continuing a downward trend in adolescent pregnancy that began in the early 1990s, the CDC reported that the national pregnancy rate for adolescents ages 15-19 declined by 7.8 percent from 1995-1997. There was also an overall decline of 7.5 percent in the abortion rate for adolescents ages 15-19 (U.S. Centers for Disease Control and Prevention, 2000). In addition, all States have applied at some point

for the Maternal and Child Health Bureau abstinence education block grant funds and most are using the monies in innovative ways to promote abstinence from sexual activity as the healthiest choice for youth (Devaney et al., 2002).

- Though concerns remain about the relatively steady rate among 18-24 year olds, the CDC reported substantial decreases from 1993 to 2000 in smoking prevalence for all other age groups. The estimated direct and indirect costs associated with smoking exceed \$68 billion annually (U.S. Centers for Disease Control and Prevention, 2002).

With sustained advocacy from groups such as Mothers Against Drunk Driving (MADD), the problem of alcohol-related traffic fatalities has become a case study in the critical elements that are necessary to bring about meaningful social change. In addition to sensitizing the public to the hazards of driving under the influence, which has been accomplished by giving a personal face to the human tragedy of alcohol-related traffic accidents, advocacy groups have utilized an array of effective tactics. These include lobbying for lower legal blood-alcohol limits, more severe penalties for offenders, innovative strategies for prevention, stricter standards on advertising of alcohol, and higher excise taxes that are designed to reduce demand for alcohol.

Studies conducted by the Michigan Children's Trust Fund and the Colorado Children's Trust Fund illustrate the potential value of child maltreatment programs that can reduce incidence. In 1992, the Michigan Children's Trust Fund estimated that the cost of responding to child maltreatment in Michigan was \$823 million annually, including the estimated

costs associated with low-weight births, child fatalities and preventable infant mortality, medical treatment, child protective services, foster care, juvenile and adult criminality, and psychological problems. In contrast, the cost of providing prevention services to all first-time parents in Michigan was estimated at \$43 million annually. The study concludes that while the incidence of abuse cannot be reduced to zero, investments in prevention can be cost effective if they result in even modest reductions in abuse events (Caldwell, 1992).

A similar study commissioned by the Colorado Children's Trust Fund estimated that responding to child maltreatment costs Colorado \$402 million annually, whereas home visitation services for high-risk families would cost Colorado just \$24 million annually (Gould & O'Brien, 1995).

The full report on the *Emerging Practices* project, *Emerging Practices in the Prevention of Child Abuse and Neglect*, can be found on the Child Welfare Information Gateway website:

HTML: www.childwelfare.gov/preventing/programs/whatworks/report

PDF: www.childwelfare.gov/preventing/programs/whatworks/report.pdf

A print copy of the report can be ordered by contacting Information Gateway at 800.394.3366, 703.385.3206 (fax), info@childwelfare.gov (email).